

1997

Helping children cope with grief and death

Kim Noon

University of Northern Iowa

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Helping Children Cope With Grief and Death

A Presidential Scholars Senior Thesis

University of Northern Iowa

by

Kim Noon

Spring 1997

Robert Seager

Faculty Mentor

Department of Biology

5/7/97

Date

Edward C. Rathmell

Chair, Presidential Scholars Board

5/1/97

Date

The Elephant in the Room

There's an elephant in the room.
It is large and squatting, so it is hard to get
around it.
Yet we squeeze by with, "How are you" and "I'm fine."
And a thousand other forms of trivial chatter.
We talk about the weather.
We talk about work.
We talk about everything--
except the elephant in the room.

There's an elephant in the room.
We all know it is there.
We are thinking about the elephant
as we talk together.
It is constantly on our minds.
For you see, it is a very big
elephant.
It has hurt us all.
But we do not talk about the elephant in the room.
Oh please, say her name.
Oh please, say "Barbara" again.

Oh please, let's talk about the
elephant in the room.
For if we talk about her death,
Perhaps we can talk about her life?
Can I say "Barbara" to you and not
have you look away?
For if I cannot, then you are leaving
me
Alone...
In a room...
With an elephant...

--Terry Kettering

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Introduction

When I was five or six years old, my grandfather died of a heart attack. We had just arrived at my grandparents' house when my grandfather came out of his room and said, "I think that my heart has stopped beating." I am told that he was in the hospital about two weeks before he died. I do not remember talking about death with my parents or going to see my grandfather in the hospital. What I do remember about his death is the nightmare that I had on the night of his funeral (I stayed with my aunt and uncle while my family attended the funeral). It was a reoccurring nightmare through my junior high years. My grandfather and I were walking hand in hand down an alley. A black cat started coming toward us from the opposite end of the alley. Suddenly, I could see nothing except black and I felt my grandfather's hand slip through mine.

Society in general fears death. It is a fear of the unknown and a fear of being left alone. This fear of death has a great impact on our children. Author Eric E. Rofes (1985) says, "As long as adults remain afraid of death, they will continue to influence children with their unhealthy and negative feelings" (114). Because people don't want to face the reality of death, they rarely talk about it. We should not fool ourselves into thinking that we are protecting children by not talking about the reality of death or by telling them things that are untrue. Instead, this leads to confusion, fear, and sometimes needless years of anguish. If death is not discussed honestly, children often imagine the worst. Dr. Elizabeth Kubler-Ross, an expert on grieving and death issues says, "the only way to alter this pattern is for people to become aware of the tremendous importance of being truthful, open, and caring, the importance of allowing children to ask questions and confirm the reality confronting them, the importance of allowing them to go through the painful but therapeutic process of grief" (Fitzgerald 1992, 22).

Before this century, in the United States, death was a part of life. It was familiar to adults, and familiar to children. The infant mortality rate was high and life expectancy was significantly shorter. Death occurred most frequently at home so children

experienced all aspects of it. They were often involved in caring for the sick family member, in the actual death event, and in planning and attending the funeral. Children learned early on how to deal with death as a part of life.

In the 20th century, as modern medicine made giant leaps forward and as many diseases were conquered, death has become more and more remote. There are many people who do not experience the death of someone close to them until well into adulthood. In addition, we tend to "banish our dying to hospitals and death to the farthest reaches of our mind" (Viola 1989, 32). When a death inevitably occurs, many people, especially children, are left feeling confused, lonely and fearful.

I decided to write this thesis because I think it is essential that our society learn how to deal with death in a healthy manner. The experiences one has as a child and adolescent often set a precedent for how one will view death as an adult. When I was young, my grandfather's death was not explained to me or discussed openly. My parents later helped me deal with the issue of death in a healthy manner by seeing it through my faith in Jesus Christ. Through this relationship, I have not only found peace about my own death, but also a love and compassion for others who are experiencing loss or death. As I pursue pediatrics, I realize the importance of learning how to deal with death in a compassionate and healthy manner and knowing how to help others to do the same.

Children need their parents, family, friends, teachers, doctors, and clergy to help them move through a death experience positively. Dr. Elizabeth Kubler-Ross (1983) says that family members who have been able to talk together and share their experiences with other family members, hospital staff, or with a compassionate clergy or friend, usually do much better than those who hold all of their feelings inside, pretending that life goes on as usual. Grief and fear, when allowed to be expressed and shared in childhood, can prevent much future heartache. It is so important for all of us to again learn to look at death as a part of life. When we actively teach our children about death, it can be a precious time of growth, learning important life lessons through a very difficult situation. However, trying to dismiss death or the questions our children have can leave permanent scars and damage, setting the stage for future death

anxieties, and relational and psychiatric problems. My hope is that as a society, we will learn to view death as a part of life, teaching our children that it is all right to grieve, and through it all life will be seen as a treasured gift.

Discussing Death Before It Happens

Parents can prepare their children in advance by helping them understand what death actually is before the death of someone close to them occurs. When death is discussed in this way, it can be less threatening and confusing. It is easier for a child to understand death when his/her daily routine and comfort are secure. By pointing out death in nature, like a dead bird or plant, children can begin to understand death as a part of life. Helen Fitzgerald, author of *The Grieving Child: a Parent's Guide* (1992), says that a good way to explain death is to speak of the absence of life. For example, a squirrel that is alive can breathe, see, hear, run, and jump. When all of these things are absent, that is death.

It may seem uncomfortable to bring up the issue of death. However, most children are curious and will ask questions when situations arise. For example, children will ask questions about a dead animal or wonder what is in a cemetery. Parents, or others involved with children, should use these opportunities to explain death in a straight forward and non-threatening manner, keeping in mind the child's level of understanding. It is also important to remember that it is not necessary to have all the answers. It is perfectly acceptable to say, "I don't know." It is most important to just give an honest answer. Another way to handle questions is to turn the question back around to the child, asking, "What do you think happens?" This can be very valuable in discovering the child's level of understanding and what needs to be discussed. Taking interest in what the child has to say will also make them feel important and valuable.

After discussing death, parents can then discuss options of what can be done. With a bird, one could leave it to decay naturally, wrap it up in the trash, or bury it. Children should be given choices and have the opportunity to be part of the decision making process.

A common death situation that arises is the death of a pet. It is essential to remember that the death of a pet can be just as painful as the death of a person. Often children are very attached to and have loved a pet dearly. Because of this, the death should be treated as one would treat the death of a family member. Again, it is important to talk to the child about death and involve him/her in decisions to be made.

Do not immediately replace the pet or throw it in the trash can. Instead, discuss options of what can be done with the pet. Most children love ritual and ceremony so remember that sometimes these can be very special to a child. Let the child be creative, doing something that helps the child individually. One little girl wrote a letter to an anonymous driver who had hit her dog. She buried the letter with her dog (Fitzgerald 1992). This kind of act can be an essential step to moving through the grieving process.

It is also important to discuss whether or not to get another pet. If you do decide to get another pet, don't get a pet that looks exactly like the previous one. The death of a pet should be a way to teach children how to properly deal with death. It is not healthy to teach a child that one can replace something (or someone) that dies. Instead, we should teach that "hearts are big enough to love more than one thing" (Fitzgerald 1992, 69).

When using various death educational opportunities, as with a dead plant or pet, discuss feelings as well as options. Let the child know that it is okay to be sad and to cry. Fitzgerald (1992) says that opportunities like these can be a learning experience that teaches death is real, final, and natural and most important a time to say good-bye. Death is not an experience to be endured alone, but a chance for bonding and growth.

Discussing Death Age- Appropriately

Children react to death in a variety of ways. How they react depends on the age of the child, the philosophy of both parents, and how willing they are to talk openly and frankly to their children. Kubler-Ross (1983) emphasized that children who have been allowed to participate in the death of a grandparent or relative at a young age are usually better prepared later in life when a parent or sibling becomes terminally ill.

Before talking to a child, parents and others should make peace about their own death. This will make it easier to talk to the child. Fitzgerald (1992) states that, if one knows what he/she believes, he/she will be less likely to influence or confuse the child with lingering inhibitions.

When discussing death, it is very crucial that the discussion is age appropriate. Answers to questions need to be keyed to the individual child's age and level of understanding.

In general, perception of death can be categorized into developmental stages.

1) Preschool (under 6 yrs)

At this age most children cannot comprehend forever and may even see death as reversible. Cartoons tend to reinforce this view. One just needs to watch Bugs Bunny's Roadrunner and Coyote to see this. The coyote continuously gets smashed, blown up, or falls off a cliff, but always comes back in the next frame. Parents can help their children by avoiding programs that reinforce death as temporary and teaching their children the difference between real and TV life.

2) Young school age (6-9 yrs)

Children are now beginning to learn that death is real and final. However, they might not yet realize that eventually everyone will die. They often think that if one is careful or smart he/she can avoid death. This can lead to guilty feelings if death does occur. In addition, school age children often personify death as "someone," a skeleton, ghost, or the "bogeyman" who comes to take people away. When discussing death, it is essential to use a reassuring tone, share personal experience, and be honest in order to ease anxiety and confusion.

3) Older school age (10-13 yrs)

Like the younger school age, this age tends to view death in some tangible form. However by this time, they know that both young and old people die and from many different causes. They begin to fear the death of a parent or someone close to them. Again, it is important to be honest, yet reassuring.

4) Teenagers (14-18 yrs)

Many teenagers are fascinated with death. Death is romanticized in books like *Romeo and Juliet*. They may wonder how bad everyone would feel if they themselves died and think about what their funeral would be like. Although intellectually teens know that death is not temporary, they still may not fully comprehend the finality of their own death or the death of someone close to them. Often teenagers may even challenge death by driving fast or taking other risks. Parents need not be alarmed by a teenager's curiosity of death but need to be very straightforward about potential consequences of certain behaviors.

In Barbara Lafer's article, "Helping Children Deal with Death," she states, "Providing a simple, brief explanation begins the process of healthy understanding, but the task is rarely finished in just one session. Children need time to absorb information; their questions and reactions may surface days or weeks later" (Lafer 1991, 172).

It is often helpful to have a book on death to go through with the child (see Appendix One for a booklist). However, be careful in choosing the book; the information it gives should be honest and support family beliefs. Some things to look for are: do any characters come back to life, is the book needlessly frightening, or does it imply that one can out-smart death?

When it is finally time to talk to a child about death, be sure to use correct language and ask the child if there are any words which he/she does not understand (i.e. widow). Talk about death as clearly and honestly as possible so that it will be understood by the child. Most importantly, do not tell the children anything that he/she will have to unlearn later such as "Grandpa went away on along trip," or "Grandpa is sleeping." Statements such as these can be very damaging and leave the child feeling hurt, abandoned or afraid to travel or sleep. Other common euphemisms include:

"Grandpa has been taken away by God because he was so good" and "Grandpa died because he was so sick." This may lead the child to believe that the reward for being good is death or, in the second case, the child may fear normal illness.

In The Kids' Book about Death and Dying, Eric E. Rofes (1985) talks to kids about their views on death by asking them what death would look like as a person or an animal. Some of the answers were: an old, short man with a cane, a female with a powdered face and white clothes who is very peaceful, a scar, a dark skeleton, or a wolf. By having the child personify what death looks like to them, one may better understand the child's attitudes, beliefs, and misconceptions. This may be a good way to start discussion or to judge the child's level of understanding.

When the death of someone close does occur, it will be important to tell the child as soon as possible. Even though telling a child about the death of someone close is one of the hardest things one will ever have to do, it is essential. A child will sense that something is wrong, so it is best if he/she hears the news first from an adult that the child trusts and is close to. Fitzgerald (1992) says, "If you are honest and direct, your child will know that she can count on you to be available and trustworthy. This sense of security is vital during a time when a child is dealing with a loss" (82).

When telling children of a death, it is not necessary to give details. Talk to them in simple, honest, and age-appropriate terms, but do not give more information than they ask for. Children will ask questions as they are ready to deal with their answers. When deciding what to tell a child, author Claudia Jewett (1982) gives three key suggestions. Most important, communicate that the child is not alone, you are with them. A key way to do this is through touch. If one is caring and compassionate, physical presence can often do more than words to show the child that he/she is not abandoned. The second suggestion is to begin with what the child has already noticed. When a child is asked what he/she has observed, it is harder for him/her to enter into a stage of denial. Again by asking the child questions about what they have noticed, it will help determine the understanding level and may also give one a good place to start the discussion. Jewett's third point is to be straightforward and honest. This will help children feel more secure, knowing that someone is there for them who is trustworthy and available to them.

Most likely the person talking to the child will be a parent or someone else who is experiencing the loss as well. A common reaction is to want to protect the child by trying to shield him/her from the sadness. It is important to remember that this is impossible. Instead, it is necessary to allow the pain, share it, and empathize with it. Cry with the child, encourage talking, and give wordless hugs. By doing this, the child sees that sadness is permissible and is survivable. Although a parent, or someone close, needs to show the child his/her own grief, it is essential to remember that the child should not be expected to fill in as any sort of substitute for the one who has died. They should not be expected to bear the burden of the parent's grief. Friends, family, or counselors should fill this role, not the child.

Whatever the death education opportunities a parent, relative, teacher, or other takes, Rofes says that "if a child is brought up in a family in which the members talk about death and are open with it, then the child gets a better understanding of what death is and won't be afraid of it" (Rofes 1985, 13).

As death is discussed with children, there may be special circumstances that arise and need to be handled specifically. For example, it may become necessary to deal with the issue of suicide. Suicide is often hard to understand for children and adults alike. The child needs to be told as soon as possible and needs to be talked to honestly without too much detail. The child may ask how the person died. Fitzgerald (1992) says that a good way to answer is to say something like, 'some people die of cancer, some of old age, some of a heart attack, and many different ways, but others do it themselves.' Parents may then ask the child if they know what this is called. Children will hear the word suicide so it is better that they first hear it from a parent or someone close to them. It is important to tell the child that no one did anything to cause the suicide. Invite the child to talk about if he/she feels bad or responsible, but do not force him/her. Since suicide is an especially difficult subject to deal with, don't hesitate to get professional help.

Unfortunately, another specific situation that may come up is the child's own terminal illness. Just like all other death issues, it is important to be honest and direct. Jewett (1982) emphasizes that with any loss, a child/adolescent can respond to any degree of realism only if he/she is given the true information and the sympathy and support to bear it. Dr. Elizabeth Kubler-Ross (1983) is convinced that children are

intuitive of their own illnesses. She believes that this intuitive knowledge is not a conscious, intellectual knowledge, but a spiritual aspect of all humans. It is an "inner voice" that gives the knowing, the peace, and the direction to go through our times of trial. She says, "If people doubt that their children are aware of a terminal illness, they should look at the poems or drawings these children create, often during their illness but sometimes months before a diagnosis is made" (134). Many children sense when they are close to death. They may ask questions, write about it, draw pictures, or share it with friends, family, or another sick child.

When talking about a child's terminal illness, Kubler-Ross (1983) emphasizes honesty. "Be honest with them because they are aware of your pains and worries. Shared sorrow is much easier to bear than leaving them with feelings of guilt and fear that they are the cause of all your anxiety" (2).

More than likely, it will also be necessary to talk about treatments and procedures as they happen. Children should not be promised toys or treats for good behavior, but should be dealt with openly and honestly. It is important that the child be told what a procedure consists of and when it is going to hurt. In My Book for Kids with Cansur, eight year old Michael Gaes (1987) describes procedures like chemotherapy, radiation, and surgery. A book like this one could be a valuable resource to describe procedures in a manner that children will understand. If this is not done, the child will start distrusting what he/she is told and may develop fear and anxiety. Another good idea is to show children on a doll or teddy bear what will happen so that they will know exactly what they have to face. This will also build trust.

Children need to feel special, loved, and secure, but they also want to feel normal. When asking children with cancer how they want to be treated most say that they wish people would understand that they are the same person. There may be some things which they can't help, like loosing their hair, but otherwise they want to be treated like a normal kid. In addition to not wanting to be totally separated from their peers, children also need a sense of security. It may be tempting to give them special treatment at home, but it is best to keep the routine as normal as possible. While it might be fun for awhile to get special treatment, children feel more secure, thus less anxious, if they are treated normally. Kubler-Ross (1983) says to limit the "spoiling" to more time spent with the child, storytelling and sharing memories. The child and other

siblings should also be encouraged to continue to laugh, play, and go outside. The worst thing to do for a terminally ill child is to make the house oppressive, like a morgue. Difficulties become much easier to bear for everyone when there is laughter, joy, and love.

Other children in the family are often referred to as 'forgotten grievers' (The Compassionate Friends, 1992). When one child in the family has a terminal illness, or suddenly dies, it is easy to focus only on that child and the parents. However, it is very important that other siblings are included in the family grieving. They should be kept well informed and involved according to what is appropriate for their developmental stage. Kubler-Ross (1983) advises that siblings be allowed to contribute to the care of the terminally ill child. This will leave them with a sense of self importance and pride that they were involved. Also, siblings who see death happen have less fear of death than those who don't. Being involved will leave them with very special memories, helping them to move through their own grief in a healthier manner.

Siblings also need extra love and attention. Jealousy of the ill child or guilt about their frustration with the ill child are common feelings. If they feel that their parents are unavailable, they may wish they had died instead so the loss would not have been as painful to their parents (Fitzgerald 1992). A close friend or family member can help the parents by spending extra time with siblings to help them feel special and cared for. The grieving process should be a time of family support and bonding, not of alienation. Siblings need reassurance that the depth of a parent's grief does not lessen the love felt for them (The Compassionate Friends, 1992).

Grieving

To understand grief better, it can be compared to a wound. At first the wound, like the loss, is painful and sensitive to the touch. Everything that comes in contact with the wound hurts. Over time, however, if given the proper care, this wound heals. It will leave a scar, a memory, but the painful sting will no longer be there. On the other hand, if a wound is not properly taken care of, it will become infected. Over time, instead of healing, it becomes more painful and can create worse problems. This is what happens when grief is buried.

When talking to teenagers, Earl Grollman (1993) describes grief this way, "Grief is not a disorder, a disease or a sign of weakness. It is an emotional, physical, and spiritual necessity, the price you pay for love. The only cure for grief is to grieve" (6). Grief will look different for everyone. There is no timetable for how long it will hurt and no set way to grieve, but eventually it will heal.

When trying to understand children's grief, it is important to realize that children grieve differently than adults. Adults have a clearer idea of the finality of death. They grieve more intensely and compactly because of their greater experiences of life. Adults have more reminders of the losses (i.e. funeral arrangements and banking accounts) than children do. Children tend to grieve more sporadically. They should be allowed to deal with the reality of death at their own level. Since many children have little experience with mourning, it may take a long time before death becomes real to them. In addition, children are more capable of putting grief aside. They may talk about death for a while, want to go outside to play, and then be ready to deal with the death again when they come in. For instance, a family with hospice had their four day old baby die at home. The siblings cried with the parents for awhile, then the girls went off to the side to play with their dolls while the boys went in the other room to watch basketball. After some time had passed they came back to cry with their parents. This cycle continued for a couple of hours (Lansink 1996). Fitzgerald (1992) says children attempt to focus on something to divert themselves from the pain they are feeling. Children's grief will resurface when big events (birthdays, holidays, etc.) occur in life and the grief process will continue even as they enter adulthood.

Although grief is different for every child, the most common feelings are denial, anger, guilt, depression, and fear. Some children may also develop psychosomatic responses. A child probably will not experience all of the responses, but may show a mix of them sequentially or all at once.

Denial is a common response due to a state of shock. Depending on the developmental stage, denial could also be due to a lack of understanding of the permanence of death. Children in denial will often make statements about the deceased like, "Mommy called and is going to have dinner with us." The child appears to have forgotten about the death. Judith Viorst (1989) gives an excellent example of one father's wise response to his daughter's statement. He said, "I think you wish mommy would call and have dinner with us. When we miss mommy so very much we'd like to think that she is not really dead" (34). This father did a very good job of acknowledging his daughter's pain and also reminding her of the finality of death. I will talk more about how to respond to denial in the coping section.

Denial usually lasts 2-3 weeks, depending on the situation, and is a normal response to death. However, it is important to watch for signs that the child is moving into a less healthy period of denial. Two such signs are when a child leaves the room when the deceased's name is mentioned or when they create a fictitious friend as a replacement for the deceased. Give the child a lot of reassurance and love. Acknowledge his/her pain from missing the deceased, but confirm the reality of death. If denial continues for any length of time, it may be wise to seek professional help.

A child will often react to a death with anger. Children feel overwhelmed by the powerful and confusing emotions they are feeling. Anger toward the people closest to them is often how these feelings manifest themselves. Let the child know that anger is a healthy emotion as long as it can be expressed in an acceptable manner. If the child's anger causes him/her to harm another person, a pet, or himself/herself, if the anger is causing him/her to act out in school, or not be able to get control, the anger is becoming unhealthy and a counselor may be needed. In addition, be sure to remember that anger feeds on itself. It is important that parents admit and deal with their own anger so they do not make the situation worse. If anger is not released, it creates depression, explosive acts, and leads to shame. Anger needs to be acknowledged and released, so that the child can move on in the healing process. Kubler-Ross (1983)

says, "It is only when children are permitted and encouraged to express their natural anger that they can readily allow forgiveness to express itself" (76).

When a death occurs, many children assume that they were in some way responsible. Children may become sullen, depressed, unusually good, terrified of making a mistake, or may insist on blaming someone else for the death. This guilt is very hard on a child's self-esteem and can become so overwhelming that they internalize it as a deep, dark secret (Fitzgerald 1992). Guilt often occurs because a child connects the death with something he/she did or said. For instance, saying something they didn't really mean, like "I hate you. I never want to see you again," and seeing this as the cause of death. Since children may not understand guilt, ask if they want to talk about anything that they now wish they had done differently (Fitzgerald 1992). Behavioral cues can also be observed to assess self-blame (i.e. a seven year old starts bed wetting). Guilt needs to be talked through but may be something that the child is slow to recover from. If the child can not get relief from the guilt, seek help.

Depression almost always follows a major loss. Children experiencing depression will display some of the following behaviors: acting tired, complaining of not feeling well, poor concentration, withdrawal, poor sleeping habits, less interest in looks, not eating well, constant sadness and crying, hiding their feelings, or listening to melancholy music. After any major loss these behaviors are normal for about a week or two. Grades may also drop for three to four weeks. If there is no improvement after this time or if the child seems to be entering into a deeper depression, or to be preoccupied with death, a counselor should be contacted immediately.

After a death occurs, children often no longer see the world as safe and secure. Usually their daily routine and discipline is disrupted. This, along with the strong emotions they are experiencing, leaves them feeling confused and frightened. A child may be scared to leave a parent's side, may have nightmares, and may have a difficult time doing normal activities such as going to the playground or sleeping with the light off. Another common reaction to fear is regression; the child retreats to a safer time in life (Fitzgerald 1992). Children may need help distancing themselves so that they don't concentrate on their fears. I will discuss how to deal with fear more later on.

A somatic response to grief is less common, but still may occur. Children may complain of a stomach ache or of generally not feeling well. The somatic response is

often linked with the type of death that occurred. For instance, if a grandfather died from respiratory problems, they may complain of their chest hurting or of not being able to breathe. Preoccupation with other people's health, driving, and other behaviors is also fairly common. Clear information tends to put a child at ease. Going to a physician and talking about how the child is feeling should be helpful. If the doctor's visit does not help, the child is probably becoming too preoccupied with death or over-identifying with the deceased. Professional help may be needed (Fitzgerald 1992).

Another grief response to especially watch for when a parent or close family member dies is inappropriate role playing. This is always a sign of unhealthy grieving. While it may be necessary to take on new tasks, watch that the child is not assuming the role of the deceased. Children hear unthinking comments like "You are the man of the house now" or "It is your job now to look after your little sister" and take these to heart. A little boy may start looking for a job and plan to move into his mother's bedroom to assume the father/husband role (Fitzgerald 1992). To some extent, this may give the parent some relief and comfort, but it is harmful to the child. The child will become burdened and eventually may become resentful. Children need to be allowed to be their own age and help with tasks that are appropriate for their developmental stage.

In addition, do not use the child as a confidante. It is important to talk and to share grief together as a family. However, too many times children try to bear the grief of the rest of the family and do not work through their own grief. Parents should use other family members, friends, and counselors as a support system so that they can be freed up to be their children's support system.

Grieving is natural and healthy. It is a necessary process that must take place after a loss or a death. Just like the body heals an open wound, so grieving heals our emotional wounds over time. The grieving process for a child may continue, at various times, into adulthood, but it is also important that the coping process is started.

Coping

When a death occurs a person deals with many strong emotions. As with any loss, it is essential that we learn how to cope with our grief. If we show our children ways of coping with grief, we will be giving them an invaluable tool which can equip them to deal with grief throughout their lives.

It may be tempting to cut grief short or to brush it aside, but the grieving process must be allowed to take place. It may take time and hurt for awhile, but the natural healing process must take place. The first step to coping is to accept the loss. This doesn't mean one has to like what has happened, but it is an awareness that life has changed and a decision to work through the grief.

When grieving it is important to never ask the child to postpone, deny, or cover up his/her feelings. Acknowledging these feelings is a big part of the coping process. If a child is asked to suppress his/her feelings, grief can come back months or years later to haunt the child (Jewett 1982). Do not criticize children for what they are feeling or seem shocked by any statements that they share. In order to share their feelings, children need to feel they are in a safe environment. The family should be this safe place so that children can be included in family mourning, and share in communal pain and in loving support (Jewett 1982).

Because of an uncomfortableness with the expression of grief, children often hear phrases like, "Don't cry, be a big girl" or "Big boys don't cry." All children should feel the freedom to cry. Expression of grief and coping skills are very much learned behaviors. Bottling up emotions can be very damaging, causing future emotional and psychological problems. We need to break this cycle and teach children that tears are not caused by weakness, cowardice, or self-pity, but an overflow that shows the love we felt for the deceased. When grieving, tears may come at unexpected times. Let the child know that this is normal and expected. Be there to listen if the child wants to talk. Many times there is nothing to say, but just staying beside him/her to show support and love will allow the child to release pent up emotions.

The specific techniques used in coping will depend somewhat on the child's age. However, there are a few coping mechanisms that are useful for all ages. The first is touch. Touch is a part of love and something that we all need. Hugs can be incredibly therapeutic. Touch will make children feel loved and secure, which is especially

needed during a time of grieving. Dr. Kubler-Ross says, "Children who have been touched and loved, rocked and hugged have a great foundation to pass this physical comfort on to others later in life" (Kubler-Ross 1983, 71). Touch, along with genuine praise, will help boost positive self-esteem in a child. Because a death often makes children feel as if their world has been turned upside down, it is important to make them feel special and secure.

Talking is always one of the best coping tools one can use. Talking about the deceased is especially significant for children who are going through denial. These children need to gently be brought back to reality. The more verbalizing that goes on the more real the death will seem. It is important to talk frequently and to be flexible. Look for comfortable times and places to talk to the child. For example, in the car, in the kitchen over a glass of milk, while taking a bath, or before bedtime may be comfortable and non-threatening times that the child may be at ease to talk. However be flexible because children will often be ready to talk at unusual times and places. Remembrance is another important thing to share. Talking about positive memories of the person who has died can be a great healer and also a very special time of bonding for those who remain. Encourage the child to share their thoughts and memories. Claudia Jewett (1982) encourages, "Strengthening positive memories is one of the kindest things that a caring adult can do for a child who has suffered a loss -and it can be done without intrusion even by someone who does not know the child intimately" (11).

The late president John F. Kennedy said, "There are three things that are real. God, human tragedy, and laughter. Since we cannot understand completely the first two, we must do the third--laughter" (Grollman 1993, 106). We could learn a lot from children who grieve when they must but also take a break to play and laugh. Laughter is a great healer. We do ourselves, and them, a great disservice when we make them feel guilty for laughing. Children especially need a break from their intense grief. Earl Grollman (1993) advises, "Cry when you must, laugh when you can" (107).

Many children have difficulty identifying their feelings and knowing what to do with them. They may need help articulating their feelings and finding healthy ways to cope with them. Creative materials can be great tools for teaching about feelings and coping techniques that the child can carry on into adulthood.

One creative technique, the five faces technique, works with the five most common emotions: sad, mad, glad (happy), scared, and lonely (other feelings may need to be added to the list such as embarrassed, guilty, helpless, etc.) This technique helps the child talk about feeling and provides a way to express mixed emotions. Flashcards are made with one face on each card. The child can either draw the faces he/she associates with the feelings, or one can have copies of them (Appendix Two). Letting the child pick the order in which the feelings are done, can also give valuable clues into what the child is feeling. Watch for body language which may also give clues as how the child is feeling. There are a couple of different ways that the five faces can be used.

One way to use the Five Face's cards is to ask the child to pick one card and talk about a time he/she had this feeling or to share a story that might make someone have this feeling. For variety, go fish could also be played with the cards, sharing about the feeling on the card that one asks for. A third way this technique can be used is with storytelling. Make up a story and then have the child tell which feelings come at which place in the story. Look for themes or feeling that the child avoids (Jewett 1982).

For older children, writing in a journal, writing poetry, writing a letter to the deceased, or completing unfinished sentences can be a great coping technique (for examples of unfinished sentences see Appendix Two). Writing is a tool that can be carried on into adulthood. It is a great way to examine and release feelings. Having something to look back on can also be very helpful so that the child can see how much they have grown and changed over time. Chris is a wonderful example of how journaling can be a great coping and healing tool. At age twelve, Chris was watching her brother play down by the river. When he slipped down the bank and fell in, she watched helplessly on the shore as he drowned. Chris remembers feeling blamed by her mother. She remembers hearing, "You were supposed to be watching your brother, you let him go down by the river..." After this incident, Chris did not do well in school, did not have the ability to form a friend relationship, and lived continuously with tremendous guilt. In her late teen years, Chris dropped out of school, became estranged from her parents, and began to work as a nurse's aid. She had a very poor work history, few if any interpersonal relationships, and was often sick. When she was in her twenties, her grandfather became ill and joined the Cedar Valley Hospice. Until

this time no one had connected her behavior with her brother's death. Her mom's grief had been so intense that she did not even remember yelling at Chris. Diane Lansink, a hospice nurse, had Chris journal and tell her story over and over again. By journaling, she put herself back onto the bank of the river. She recalled her decision to go for help and realized that this probably saved her life. After learning how to cope with her grief, she became a new person. She became realigned with her mother and even went back to school (Lansink 1996).

For younger children play therapy is very beneficial. "When kids play, the therapist can understand their feelings and their worries. That's because children play their feelings better than they talk about them. Child therapists help them understand their feelings while they play" (Nemiroff 1990, 29). In play acting, children often play out life situations. It can give insight into what they are worrying and thinking about. Although a child therapist will be better able to distinguish specific feelings from a child's play, play can be incorporated into any coping technique. There are many creative techniques that can be taught to children dealing with some of the common grief responses. Many of the techniques will be useful for coping with a variety of emotions.

Talking is something that has been already mentioned as a general coping mechanism, especially for denial. Nature walks are another great tool that can be used. Look for the reality of death in plants, insects, and birds. Then talk about differences between life and death and the finality of death. Another coping technique is a follow-up visit to a funeral home or cemetery. Let the child explore and ask questions. Books may also be helpful in dealing with the subject. They provide a safe opportunity to talk about death.

Coping with fear is also another necessity for many children. Encourage the child to ask questions. This may help identify specific fears the child is having. This will enable you to deal with his/her fears one at a time and to give reassurance. For example, a child may ask, "Will I die too? Will we still be able to go to Disney World?" You can reassure the child that most people die after they have lived for a long time and that they will probably not die until after they are much older. You can also reassure them that while some things may change, life will still continue and they will get to do many of the things they have wanted to. Dreams can be another way to

identify fears, as I experienced after the death of my grandfather. Look for themes or reoccurring dreams. Children may get relief by drawing the dream and giving it an acceptable ending (See Appendix Two for examples of children's drawings). In addition to drawing their dreams, it is often helpful to have children draw what they are afraid of. Another very creative coping tool uses balloons. Have the child write down their fears, or draw a picture, and put the paper inside of the balloon. When you release the balloon, it is a symbolic way of letting the fears go. Another thing one can do with balloons is the play "don't hit the floor." You can then pop the balloons and read the message inside (Fitzgerald 1992). In addition to these coping tools, physical touch and keeping daily routines will help ease the child's fears and anxieties.

For anger there are many different coping mechanisms. Any technique that releases energy in an acceptable way is a great way to cope with anger. Constructing things that make you angry out of clay or other material will help lessen some of the anger. The child can also draw things that make them mad. After they have talked about it, they can tear up the paper (also have them clean it up). Jewett (1982) says that when children get angry they normally feel a surge of energy in one of three zones of the body: the mouth (bite, spit, scream, swear), the hands (pinch, pick, yank, break things), or the legs and feet (stomp, kick, run). The zone can be distinguished by observing the child and by asking them what they feel like doing when they are angry. If the child can discover acceptable physical activities that are specific to the zone they experience, they find a great way to cope with their anger. Activities such as running, biking, cleaning, swimming, and many others can be a great coping tool. The child can also do things like tearing, crumpling or stuffing newspaper into bags to kick to deal with their anger. Toys such as foam bats, punching bags, inflatable clowns, or pillows can be used to release anger as long as the child agrees to follow rules. If the child's zone is the mouth, an effective tool might be rubber dog bones (be careful not to give the child anything that they can bite through). Using a tape recorder, writing in a journal, or using puppets can give the child opportunities to say anything they are feeling. By using a tape recorder, the child can say whatever they want to, play it back and hear themselves exploding in anger, and then erase it. Puppets, one representing the child and the second the deceased, gives an opportunity to ask any unstated questions or release any unresolved feelings. Whatever the activity, teach the child to connect

his/her feelings with the activity. This will give him/her a great coping tool whenever he/she feels angry in the future.

When coping with depression, focus on evoking memories of the loved one. Making a drawing of a favorite memory, or an unhappy one, can be a wonderful opportunity to reminisce with the child. Sharing keepsakes, photographs, or playing the "I remember when..." game can help a depressed child remember the positive memories. A time of crying and laughing is not only therapeutic, but is also a very special bonding time. Another idea is to make a scrapbook about the person who died. If a child wants to do this, it is important that there is not only a beginning but also an ending. This project can teach the child to go through their feelings and that in time he/she should start resolving his/her feelings and moving on.

Most of the coping techniques that have been discussed can also be used to cope with guilt or regret. A child may draw a picture of something that has happened that he/she wishes had been done differently or use puppets to "talk" to the deceased about any unfinished business. Children could also use writing in their journals or sending messages away in a balloon to release their guilt. Tape recorders may be helpful so that children can hear themselves apologize and then erase the message to "erase the feeling of guilt". All of these techniques give children a chance to express their feelings, to apologize, and to put their guilt to rest. Reminding children of all the good things that they have done and how often they showed their love to the deceased will also help lessen the power of guilt.

In addition to play therapy, reading books can be a helpful coping technique. Fitzgerald (1992) says, "Reading to a child is a natural, comfortable, and enriching activity for both parent and child" which also creates closeness and bonding (45). Books often make it easier to talk about something that is difficult. It is easier to address topics when a caring atmosphere is created and you can read the words of an author who is not so emotionally involved (Refer to Appendix One).

Whatever coping techniques work for the child, find a support system; seek out other people who have had similar experience. Do not move away from home. Often times a school friend, teacher, or counselor may be a child's important support system. Kubler-Ross (1983) emphasizes, "To uproot them at an intense, often unsettling grief period in their life is the worst thing we can do for them" (6).

Remember that grieving is a process. As the child learns to move through the grieving process and finds coping techniques that work for him/her, he/she will realize that the pain will not last forever. Moving on means to survive and to celebrate the loved one's life (Grollman 1993).

Funerals

Most parents question whether or not they should take their children to the funeral. Funerals help children accept the reality of death, breaking through denial and fantasies about death. Funerals can also give children an opportunity to express sadness through crying and to share their grief with others, helping them realize they are not alone. For children under six, if the parent can't be there both physically and emotionally or if the service will be too long or difficult, it may be better for the child not to attend. Otherwise, instead of deciding for the child if they should attend the funeral or not, the child should be given an explanation of what the funeral and burial will be like so that he/she can decide for themselves. If the child is not given a choice, years later, he/she may built up resentment toward the parents for not allowing him/her to say good-bye to a loved one.

On the other hand, a child should never be forced to go. Talk about why he/she would not want to go. It still may be necessary to describe the funeral so the child feels he/she had a part in the communal grief. If children do choose to go, let them know that there may be crying and, if they wish, what they can do to comfort those around them. For example, they could give hugs or get a Kleenex for someone. Children should know how long the funeral will last and exactly what is going to happen. It may also help to take the child to the funeral home before the funeral takes place. This will make the funeral less scary and overwhelming. If the funeral will last too long, arrange to take some type of break, a walk, or even a private cry.

When the grave site is visited, the visit should be short and planned in advance. Leaving flowers or even notes can greatly help children move through the grieving process. Be sure and talk after both the funeral and a visit to the gravesite. This way you can be sure that the child doesn't hold any superstitions, like stepping on a grave. Talking also gives children an opportunity to share feelings or ideas for the next visit.

How Others Can Help

Family and Friends

Many times family and friends wonder what to do or say to someone who is experiencing a death. Helping a child cope with grief and death can be done both directly and by supporting the child's parents. Friends and family often try to console parents and children with inappropriate phrases such as "It was God's will," "I know what you're going through" or "Everything will be okay". While these comments are meant to comfort, Dr. Kubler-Ross (1983) says that they are not only tasteless but also infuriating. The only thing to really say is "I'm so sorry" or "I wish it didn't happen". These statements are true and sensitive. Friends and family who want to help need to remember that grief can not be taken away. Someone who has experienced a death does not feel that everything will be okay. Often what is most helpful and comforting is to be there when they need to talk, cry, or just give a hug.

In addition to being there to listen, family and friends can help by bringing and doing useful things. One can help grieving parents by running errands and by helping with housework. The Compassionate Friends booklet (1989) on how others can help says that just saying "call me if there's anything I can do" is not enough. It is important to look for things that need to be done and offer to do specific tasks. For example, one might say, "I'm going to the grocery store could I pick up your groceries while I am there." Diane Lansink says that many times she will bring things such as coffee, toilet paper, and Kleenex. Insightful gestures, such as these, that take care of mundane chores are a relief to those who are grieving.

Family and friends can also help by spending extra time with surviving children. Doing activities such as fishing, shopping, playing games, or whatever, are not only fun for children, but also make them feel special and cared for. Spending time with children also gives parents a break to deal with their own grief. These types of breaks are a gift which will help the grieving to make it through.

Medical Professionals

When a death has occurred or is going to occur, caring health professionals can make all the difference in the world. The medical field should promote healthy grieving. Kubler-Ross (1983) suggests that hospitals have a grieving room where loved ones can

go to cry, scream, or whatever they need to do to release some of their grief. Someone who would take the time to listen should also be as a grief counselor.

In addition, I think it is essential that health care professionals dealing with children learn to interact with children on a child's own level. Many children's hospitals are starting to display this philosophy. Everything that the children's hospital does, from the way physicians talk to children to how the hospital is decorated, is geared toward a child's point of view. This is very significant, creating an environment in which the child is comfortable. The child then feels less anxious and is more likely to trust.

The Compassionate Friends (1993) give these important suggestions for medical personnel:

- Let parents be with their child as much as possible and to participate in the child's care.
- Try to avoid complicated terminology. Talk in a way that parents and children can understand.
- Always tell parents everything and be honest about what you don't know.
- Express emotions, don't hide your feeling. Having health care professionals that express true feelings, lets the family feel cared for.
- Touch can be a great form of comfort and communication.
- When giving any sad news, medical personnel should not rush away or immediately move on to the next steps to be taken. It is important to remember that there is no such thing as an "expected death."
- Be available to listen.
- Don't give medication (i.e. Valium) that interferes with the normal expression of grief unless totally necessary. Don't suggest "busy work" as grief therapy; suggest doing things with meaning and importance to deal with grief.

Perhaps most importantly, health care professionals need to be aware of their own feeling and find a safe outlet for them. Honest and genuine expression of emotions will allow a more sensitive and caring approach to medicine. It will also enhance personal well-being.

Schools

A child spends a lot of his/her time at school so those at the school are one of his/her greatest support systems. It is important not to isolate or insulate children from death but to explore feelings about death and grief through various death education exercises like those discussed previously.

When a child experiences a death, teachers can help prepare other children to be supportive. "Children are not born with the knowledge of how to be supportive of one another, especially in such unusual circumstances as death" (Fitzgerald 1992, 147). Making cards or posters can help children acknowledge death and also be supportive.

The Compassionate Friends (1988) calls the classroom a "second family." Sharing grief can benefit the entire class. "By sharing grief, we help eliminate the compounding problem of school and social isolation the bereaved often experience." Teachers should share their own feelings with the children. It is okay to cry, be sad, angry, or even smile. This gives children the freedom to express the emotions they are feeling.

When the child does come back to school, teachers should be sensitive to the child's grief. The child will probably have a shortened attention span, trouble concentrating, and may need more structure for homework. Teachers should be kind and understanding, but try not to single the grieving child out for special privileges or compensations. The child needs to feel part of his/her peer group. However, providing a quiet, private place where the child can go to grieve may be helpful. Tears can often come at unexpected times so it is important to teach the children that this is a natural and normal grieving reaction to loss.

One very important thing a teacher can do is to be sensitive to holidays or anniversaries of a death. Times such as Mother's Day, Father's Day, Christmas, or one year anniversaries after a death are often very difficult times for a child. Teachers should acknowledge to the child that this will be difficult and ask the child how they might make it better. Perhaps on Mother's Day the school could have a 'share a mom' program.

Schools can also help children find bereavement groups which invite children who are experiencing similar losses to share together. This not only gives the children a valuable support group, but creates an environment to share feelings and work through their grief. Bereavement groups also help children realize that they are not alone.

Conclusion

Society's fear and unwillingness to deal with death greatly affects our children, often leaving them with confusion, fear and anxiety. It is time we start using opportunities to teach death as a part of life. Death needs to be discussed with children honestly, compassionately, and age-appropriately.

When death does occur, children need to be allowed to express their grief in their own ways. Feelings of denial, anger, guilt, depression, and fear are normal. We need to help our children find ways to cope with the strong emotions they are facing, cleaning and dressing the wound of grief, so that over time it will properly heal. By actively teaching our children about death, grief, and how to cope, we are creating a precious time of growth and bonding through a very difficult situation. In addition, we are leaving them with valuable coping tools for the future.

Appendix One

Booklist

(Taken from Seager and Spencer)

Preschool - Kindergarten

Buscaglia, L. (1982). The Fall of Freddie the Leaf. New Jersey: Charles B. Slack.
The story of a leaf named Freddie and his life through the changing seasons.

Clifton, L & Grifalconi, A. (1988). Everett Anderson's Goodbye. New York: Henry Holt.
A little boy struggles through the five stages of grief as he tries to come to grips with the death of his father.

Mellonie, B. & Ingpen, R. (1983). Lifetimes: The Beautiful Way to Explain Death to Children. New York: Bantam Books.
A simply written book with illustrations that helps explain death as part of the natural cycle of all living things.

Klicker, R. (1988). Kolie and the Funeral. Buffalo, NY: Thanos Institute.
Ten page story/coloring book using words and pictures to explain death and funerals to young children.

Rogers, F. (1988). When a Pet Dies. New York: Putnam.
Excellent color photographs help children explore and understand emotions, fears, and concerns when a pet dies.

Sanford, D. (1986). It Must Hurt a Lot. Portland, OR: Multnomah Press.
After a boy's dog is killed, he learns to express his emotions and to grow through his memories and grief.

Sanford, D. (1988). In Our Neighborhood. David Has AIDS. Oregon: Multnomah Press.
David is a hemophiliac who has contracted AIDS from a blood transfusion. Through a friendship and the wisdom of his grandmother, David is able to face his approaching death.

Varley, S. (1984). Badger's Parting Gifts. New York: Mulberry Books.
All the woodland creatures - Mole, Frog, Fox, and Rabbit -- love old Badger, who is their confidante, advisor, and friend. When he dies, they are overwhelmed by their loss. Then, they begin to remember.

Wilhelm, H. (1985). I'll Always Love You. New York: Crown Publishers, Inc.
A little boy deals with the death of "the best dog in the whole world".

Primary (1st- 5th)

Boulden, Jim & Brett (1992). Uncle Jerry Has AIDS. California: Boulden Publishing.

Noncontroversial, highly effective material for processing attitudes and emotions held by children in the first to fifth grades.

Bunting, E. (1982). The Happy Funeral. New York: Harper & Row.

Laura and her family attend her grandfather's funeral and participate in Chinese mourning rituals. Describes Chinese funeral customs.

Cohn, J. (1987). I Had a Friend Named Peter. New York: Wm. Morrow.

Beth's friend, Peter, is killed by a car. Her parents and teacher sensitively answer questions.

Clifford, E. (1985). The Remembering Box. Boston, MA: Houghton, Mifflin.

Nine-year-old Joshua spent every Sabbath with his Grandma learning about the old country, her family, and her life through her remembering box. This helped Joshua to understand and accept his Grandma's death and the various Jewish rituals that were an important part of her life.

Donnelly, E. (1981). So Long, Grandpa. New York: Crown.

Michael at 10 witnesses the deterioration and eventual death from cancer of his grandfather. Portrays Michael's reactions. The grandfather prepares the boy by taking him to the funeral of a friend.

Gould, D. (1987). Grandpa's Slide Show. New York: Lothrop, Lee, and Shepard.

Grandpa's slide shows are a regular event during his grandchildren's visits until he becomes very ill, is hospitalized, and dies. Describes young children's grief behavior and their participation in the funeral. That evening Mom helps with the slide show which has great meaning for Grandma, too.

Miles, M. (1971). Annie and the Old One. Boston, MA: Atlantic-- Little, Brown.

Annie, a Navajo Indian girl, tries to prevent her grandmother's death by undoing the rug she is weaving. Grandmother helps her understand dying in the context of life-cycle rhythms.

O'Toole, D. (1988). Aarvy Aardvark Finds Hope. Burnsville, NC: Celo Press.

An illustrated read-aloud story of the pain and sadness of loss and the hope of grief recovery.

Paterson, K. (1977). Bridge to Terabithia. New York: Crowell.

Jesse and Leslie have their own special, secret meeting place in the woods, which they call "Terabithia". The magic of their play is disrupted when one of them is killed in an accident on the way to visit Terabithia alone. The remaining child learns to deal with the grief and initiate new relationships.

Prestine, Joan Singleton (1993). Someone Special Died. Carthage, IL: Fearon Teacher Aids

Excellent accompanying book to a practical resource guide for teachers. A little girl goes through the stages of grief after "someone special" in her life dies. (See Adult Bib.)

Rylant, Cynthia (1992). Missing May. New York: Dell Publishing.

Since Summer was six years old, she has lived with dear Aunt May and Uncle Ob. Now, six years later, May has died. Summer, who misses May with all her might, is afraid something will happen to Ob. Together they set off on a search for some sign of May to ease their sorrow and give them strength.

Smith, D. B. (1973). A Taste of Blackberries. New York: Scholastic.

The story of the death of Jamie, the narrator's best friend, as a result of an allergic reaction to a bee sting and the narrator's reflections on this unexpected event.

Taha, K. (1986). A Gift for Tia Rosa. New York: Bantam Books.

Tia Rosa is teaching Carmela how to knit and everyday the two friends work on their special projects together. Carmela is sure that Tia Rosa will get well, but one day she runs home to find her friend gone and comes up with her own special tribute.

Wilson, J. M. (1990). Robin On His Own. New York: Scholastic.

A black boy whose family is in transition tries to come to terms with the death of his mother. The book gives fresh dimensions to the idea of family and a boy's courage in learning when to hold on and when to let go.

White, E. B. (1952). Charlotte's Web. New York: Harper.

When Charlotte, a spider, dies, her friends Wilbur, a pig, and Templeton, a rat, grieve and remember the special things about her. The birth of Charlotte's children brings some comfort.

Middle - High School (6th - 12th)

Armstrong, W. H. (1969). Sounder. New York: Harper & Row.

The coming-of-age story of a young black boy in turn-of-the-century rural South. How he deals with the crippling of his beloved hound, Sounder, and the imprisonment of his father, and the ultimate deaths of both form the focus of the story...

Blume, Judy (1981). Tiger Eyes. New York: Dell Publishing.

Teenager Davey's father is murdered in a hold-up and she and her family have moved to New Mexico to recover. Lonely Davey meets the mysterious Wolf, and only he understands the rage and fear that she feels. Slowly, Davey learns to get on with her life.

Fleischman, P. (1986). Rear-View Mirror. New York: Harper & Row.

After visiting her father for the first time, Olivia must deal with his sudden death: only then does she realize her own self worth.

Hermes, P. (1982). You Shouldn't Have to Say Goodbye. New York: Scholastic.

From the moment 13 year old Sarah Morrow hugs her mother one dreary afternoon, it's clear that something is wrong. Days later Sarah's mom checks into the hospital and is diagnosed with inoperable cancer. Unwilling

to accept the news, Sarah throws herself into gymnastics practice and with the help of her friend struggles to believe that everything will be okay. As Sarah, her mom, and her dad confront what they are about to lose, each finds real happiness in the time that is left.

Holland, I. (1989). Of Love and Death and Other Journeys. Greenwich, CT: Fawcett.

As Meg's mother dies of cancer, Meg's childhood dies too. Meg can accept a changed future when she is finally able to grieve.

Krementz, Jill (1991). How it Feels When a Parent Dies. New York: Alfred Knopf.

Eighteen children from seven to sixteen speak openly of their experience.

Mazer, N. (1987) After the Rain. New York: Morrow.

The bittersweet experience of a 15-year-old girl's relationship with her dying grandfather.

Sanders, D. (1990). Clover. New York: Ballantine Books.

Clover, a 10 year old black girl from a small town in South Carolina, chronicles her bewildering, but gradually deepening relationship with her white stepmother following her father's tragic death only hours after the marriage.

Adult

Fitzgerald, Helen (1992). The Grieving Child (A Parent's Guide), New York: Fireside.

Practical guide for any parent who wishes to help a child cope with grief.

Kubler-Ross, Elisabeth (1983). On Children and Death. New York: MacMillan Publishing Co.

How children and their parents can and do cope with death .

Grollman, Earl (1990). Talking About Death: A Dialogue Between Parent and Child. Boston: Beacon Press.

Simple straightforward language used to tell the story of a loved one's death. Includes illustrations and parent's guide.

Linn, E. (1990). 150 Facts About Grieving Children. Incline Village, NV: Publisher's Mark.

Important information to help caring adults recognize possible characteristics of children dealing with any type of grief.

Schaefer, Dan & Lyons, Christine (1993). How Do We Tell the Children? New York: Newmarket Press.

A step-by-step guide for helping children two to teen cope when someone dies.

Wolfelt, A. (1983). Helping Children Cope with Grief. Muncie, IN: Accelerated Development.

Workbooks for Children

Boulden, Jim & Boulden, Brett (1992). Uncle Jerry Has AIDS. Weaverville, CA: Boulden Publishing.

An activity book to help young children deal with questions about AIDS.

Boulden, Jim & Boulden, Joan (1994). Goodbye Forever. Weaverville, CA: Boulden Publishing. Bereavement activity book for children kindergarten through second grade.

Boulden, Jim & Boulden, Joan (1992). Saying Goodbye. Weaverville, CA: Boulden Publishing. Bereavement activity book for children

Deaton, Wendy (1994). Someone I Love Died. Alameda, CA: Hunter House, Inc.

A child's workbook about loss and grieving. Comes with therapist guide and reproducible worksheets.

Grollman, Earl A. (1987). A Scrapbook of Memories. Batesville, IN: Batesville Management Services.

A scrapbook to be completed by a child who has had a loved one die.

Levine, Jennifer (1992). Forever In My Heart. Burnsville, NC: Mountain Rainbow Publications. A story to help children participate in life as a parent die.

Media Resources

Can't Live With 'Em. 1/2" VHS video - Direct Cinema

The Degraasi High kids are back at school in a one-hour special. Wheels struggles with grief and guilt when his parents are killed in a car accident.

Growing Old. 16 mm film - Encyclopedia Britannica

Explores the nature of people's reactions to aging and death.

It Must Hurt A Lot. VHS video, Franciscan Communications

The story of young Joshua and the accidental death of his beloved pet Muffin.

Ramona: Goodbye, Hello. 16mm film - Churchill Films

The death of Picky-Picky, the family's pet cat, brings Ramona and Beezus closer together.

Saying Good-bye. VHS video-Aquarius Productions, Inc.

Several different teens talk about their experiences before and after the death of a parent or sibling. Two versions of the tape - one for teens, one for adults.

A Tangled Web 1/2" VHS video - Direct Cinema

Still struggling to cope with his parents' death, Wheels is acting out in school and at home. After he has a confrontation with his grandmother, she asks him to leave.

Techniques of Play Therapy VHS video - Guilford Publications, Inc.

Nancy Boyd Webb, a noted authority on play therapy, describes and demonstrates techniques.

Tenth Good Thing About Barney 16 mm film - AIMS

When Barney the cat died, his family gave him a funeral in their backyard and the young boy was brokenhearted. The mother suggested he think of ten good things about Barney.

We're Almost Home Now VHS video - Aquarius Productions, Inc.

A comprehensive look at Elisabeth Kubler-Ross's concept of the grieving process through her revolutionary work with dying children. Includes art techniques that she uses with children.

What About Me? VHS video - Film Ideas, Inc.

Eleven children discuss their experiences of grief due to the death or chronic illness of a sibling or parent.

What Do I Tell My Children? VHS video - Aquarius Productions, Inc.

NHO "Film of the Year" award. An outstanding resource for families and professionals who are helping children to cope with the death of a loved one.

Appendix Two

- The Five Faces Technique
 - Unfinished Sentences
- Creative Coping Techniques
 - Drawing

The Five Faces Technique



SAD



MAD



HAPPY



SCARED



LONELY

Unfinished Sentences

(Grollman 1993)

Completing these unfinished sentences may help you express some of your hidden, unfulfilled wishes, thoughts, and feelings.

When I now hear your name mentioned, I:

My greatest surprise since you died is:

What scares me the most is:

The last thing I remember I did with you was:

Since your death, my life:

I act differently in school, for example:

I always wanted to ask you:

If you were living now:

What I now understand about myself is:

I wish you had:

I have changed and grown by:

I wish I had:

When I think of you, I don't miss:

I wish that you:

I miss:

What I want most is:

I'm furious that:

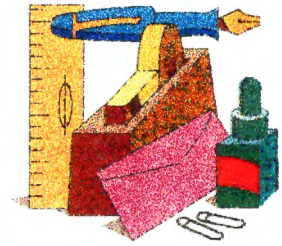
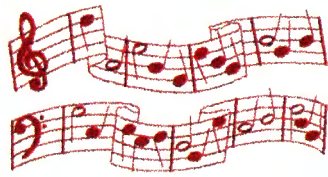
Wonderful recollections I'll never forget are:

If only:

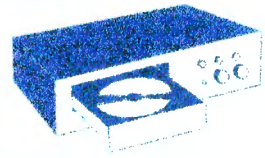
It's a relief that:

My friends don't understand that:

I find it hard to forgive:

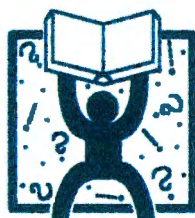
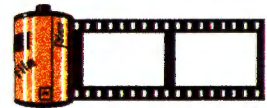
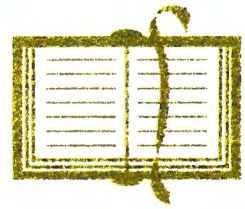


Coping



Creative Techniques

- * 5 Faces Technique
- * Physical activities
 - * Clay
 - * Drawing
- * Writing poetry, songs, or journaling
 - * Tape recorders
 - * Puppets
 - * Balloons
 - * Keepsakes, photographs, & scrapbooks
 - * Nature walks
 - * Laughter



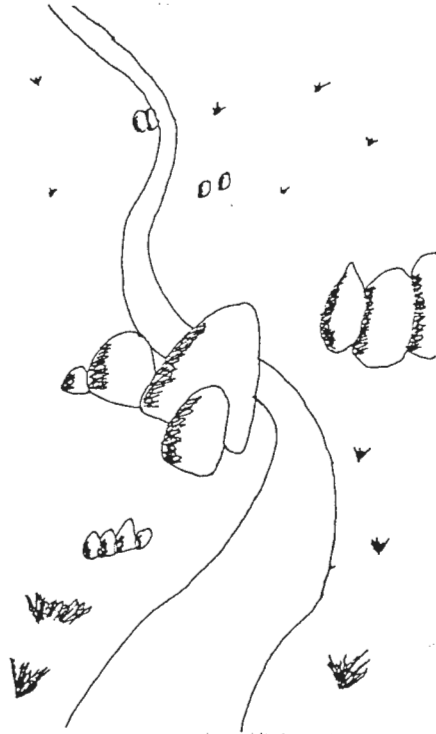
Using Drawing to Cope

(Fry 1995)

*This is me when I
don't want to get up
in the morning!*



Rose's monster face expresses some of the feelings inside her.



Rose's "Rocky Road" shows there are barriers to the choices she can make.



Jason's need to feel strong and protected shows in his armor drawing.



Jesse's deep feelings of abandonment and fears about the future are revealed in her drawing of a homeless man.



David's drawings of his mom and himself before and after she got sick.

Works Cited

- The Compassionate Friends. 1988. *Suggestions for Teachers and School Counselors...When a Child Dies*. Oak Brook: The Compassionate Friends.
- _____. 1989. *How Can I Help? When a Child Dies*. Oak Brook: The Compassionate Friends.
- _____. 1992. *Caring For Surviving Children...When a Child Dies*. Oak Brook: The Compassionate Friends.
- _____. 1993. *Suggestions For Medical Personnel...When a Child Dies*. Oak Brook: The Compassionate Friends.
- Fitzgerald, Helen. 1992. *The Grieving Child: a parent's guide*. New York: Simon & Schuster.
- Fry, Virginia. 1995. *Part of Me Died Too: stories of creative survival among bereaved children & teenagers*. New York: Dutton Children's Books.
- Gaes, Jason. 1987. *My Book for Kids with Cansur*. Aberdeen: Melius & Peterson Publising, Inc.
- Grollman, Earl A. 1993. *Straight Talk about Death for Teenagers: How to Cope with Losing Someone You Love*. Boston: Beacon Press.
- Jewett, Claudia L. 1982. *Helping Children Cope with Separation and Loss*. Harvard: The Harvard Common Press.
- Krementz, Jill. 1981. *How it Feels When a Parent Dies*. New York: Alfred A. Knopf.
- Kubler-Ross, Elizabeth. 1983. *On Children and Death*. New York: Macmillan Publishing Company.
- Lafer, Barbara. 1991. Helping Children Deal with Death. *Good Housekeeping* 213 (July): 172.
- Lansink, Diane, RN. 1996. Interview by Kim Noon. Cedar Valley Hospice. June 19.
- Miller, John, Rev. 1996. Interview by Kim Noon. Trinity Wesleyan Church. September 11.
- Nemiroff, Marc A and Jane Annunziata. 1990. *A Child's First Book about Play Therapy*. Washington DC: American Psychological Association.
- Rofes, Eric E. 1985. *The Kids' Book about Death & Dying*. Boston: Litte, Brown, & Company.
- Viorst, Judith. 1989. How Do You Talk to a Child about Death. *Redbook* 173 (May): 32.